

UTAH LIFE AND ANNUITY
REQUEST FOR DISCRETIONARY GROUP AUTHORIZATION
Utah Code Annotated (U.C.A.) 31A-22-509

INSURER NAME _____ **NAIC#** _____ **Domicile** _____

Contact Person _____

Mailing Address _____

Telephone Number _____ Email _____

Answer all questions in detail. Complete a separate form for each group.

1. GROUP INFORMATION:

Describe the Group: _____

Policyholder Name: _____

Group Name: _____

Date group was formed: ____/____/____ By whom: _____

What is the purpose of group? _____

What is the purpose of the insurance? _____

Qualifications for membership: _____

Is the group composed of other groups or other unrelated persons: _____

Explain and list all other groups and/or unrelated persons: _____

Who owns the funds? _____

Who will be the beneficiary: _____

If the policy terminates or the insured leaves the group, what happens to the insurance of the individual insured: _____

2. TRUST INFORMATION:

Is a TRUST involved: _____ Yes _____ No Trust Domicile: _____

If yes, what is the name of the trust: _____

Date trust was formed: ____/____/____ By whom: _____

Trustee Name: _____

Trustor Name: _____

Trust Administrator Name: _____

Who is eligible to be participants in the trust: _____

What is the function or purpose of the trust: _____

3. ANNUITY CONTRACTS:

Are the funds allocated or unallocated? _____

Describe who owns the funds _____

Are premium tax-qualified? Yes _____ No _____ Explain: _____

4. BILLING, COLLECTION & PAYMENT OF PREMIUMS: Mark all applicable

_____ Premiums paid by the Policyholder from it own funds or from funds contributed by insured.

_____ Payroll Deduction.

_____ Deductions from a Depository Account

_____ Automatic charges to a credit card or open charge account.

_____ Trust Administrator collects premiums and forwards to insurer.

_____ Billed Individually.

_____ Other _____

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5. MARKETING:

Type of insurances to be marketed: _____

Identify all organizations and individuals involved in marketing and describe their functions: _____

Where do the leads for marketing or enrolling group members originate: _____

Will the certificates be marketed individually? _____

How is the marketing and/or enrolling done: _____

Who performs the marketing or enrolling of the group:

_____ Employees of the insurer. (Unlicensed telemarketers may not market the insurance.)

_____ Enrolled by policyholder where the individual is a member of the group.

_____ Mass solicitation (i.e. direct mail or internet)

_____ Solicited individually by producers licensed in Utah.

_____ Other _____

6. DOCUMENTS TO BE SUBMITTED:

_____ Cover letter and a self addressed stamped envelope

_____ Complete copy of trust agreement, bylaws, and/or articles of incorporation.

_____ Certification signed by a qualified actuary that states the proposed group is actuarially sound.

_____ Additional materials may be submitted to further describe the group.

_____ Other _____

7. CERTIFICATION: Initial each item

_____ Formation of the proposed group results in economies of scale in administrative, marketing and brokerage costs; and the life insurance or annuity policy, certificate or other indicia of coverage that will be offered to the proposed group is substantially equivalent to policies that are otherwise available to similar groups.

_____ BY COMPLETING THIS FORM, THE COMPANY CERTIFIES THAT THE MARKETING WILL BE LIMITED TO THE GROUP IDENTIFIED HEREIN. IF YOU MARKET THE PRODUCT TO OTHER GROUPS, A NEW QUESTIONNAIRE MUST BE SUBMITTED TO THE DEPARTMENT.

Print Name Title

Original Signature Date

PURSUANT TO U.C.A. 31A-22-509, DISCRETIONARY GROUP AUTHORIZATION MUST BE OBTAINED PRIOR TO FILING ANY FORMS.

For general questions contact Sandra Christensen, (801) 538-3863 or schristensen@utah.gov.